

Massachusetts Division of Health Care Finance and Policy

Health Insurance Status of Massachusetts Residents

Fourth Edition

November 2004

Paul J. Cote, Jr., Commissioner



Mitt Romney, Governor
Commonwealth of Massachusetts

Ronald Preston, Secretary
Executive Office of Health and Human Services

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A Word About the Division

Satisfying the Need for Health Care Information

The effectiveness of the health care system depends in part upon the availability of information. In order for this system to function properly, purchasers must have accurate and useful information about quality, pricing, supply and available alternatives. Providers need information on the productivity and efficiency of their business operations to develop strategies to improve the effectiveness of the services they deliver. State policy makers need to be advised of the present health care environment, as they consider where policy investigation or action may be appropriate.

As part of its health care information program, the Division publishes reports that focus on various health care policy and market issues.

The Division of Health Care Finance and Policy collects, analyzes and disseminates information with the goal of improving the quality, efficiency and effectiveness of the health care delivery system in Massachusetts. In addition, the Division administers the Uncompensated Care Pool, a fund that reimburses Massachusetts acute care hospitals and community health centers for services provided to uninsured and underinsured people.

Mission

To improve the delivery and financing of health care by providing information, developing policies, and promoting efficiencies that benefit the people of Massachusetts. Agency goals:

- Assure the availability of relevant health care delivery system data to meet the needs of health care purchasers, providers, consumers and policy makers;
- Advise and inform decision makers in the development of effective health care policies;
- Develop health care pricing strategies that support the cost effective procurement of high quality services for public beneficiaries; and
- Improve access to health care for low-income uninsured and underinsured residents.

Executive Summary

the only available survey that has been specifically developed and implemented with the principal goal of obtaining timely and valid estimates of statewide health insurance coverage. Below are some highlights from the most current results including some interesting changes from earlier surveys.

The percent of uninsured people in Massachusetts increased to 7.4% of the population in 2004 from 6.7% in 2002.¹ At the time of the 2004 survey, 460,000 Massachusetts residents of all ages were uninsured. A higher proportion (10.2%) of Massachusetts residents (630,000 people) were either uninsured at the time of the survey or uninsured at some point during the past twelve months. Most people in the United States, as well as in Massachusetts, obtain health insurance coverage through their jobs. In Massachusetts nearly 80% of non-elderly residents who are insured obtain their coverage through employment. Losing a job often leads to a loss of health insurance. The increase in Massachusetts' uninsured rate is nearly all attributable to the growing number of uninsured non-elderly adults. This may be related to the significant decline in the proportion of uninsured Massachusetts adults who were employed in 2004, down to 68% from 73% in 2002.

This report is the fourth in a series of reports based on biennial surveys of health insurance coverage undertaken by the Massachusetts Division of Health Care Finance and Policy. There are a number of different surveys that include questions regarding health insurance coverage. The state-sponsored Survey of Health Insurance Status is

Key Findings

- The uninsured rate for non-elderly adults increased to 10.6% in 2004, up from 9.2% in 2002.
- Young adults ages 19 to 39 are disproportionately represented among the uninsured. Although they make up about one-third of the Massachusetts population, they constituted half of the uninsured population in 2004.
- One-quarter of adults ages 19 to 24 were uninsured at some point in time during 2004.
- Adults ages 45 to 64 were also significantly more likely to be uninsured, with uninsured rates increasing to 7.9% in 2004 from 6.3% in 2002.
- Public programs and health care coverage for children remained effective; there was no change in children's uninsured rates between 2002 and 2004.
- In 2004 residents living in lower-income households (less than 200% of the federal poverty level) were nearly three times as likely to be uninsured as residents living in higher-income households.

-
- Men were more likely to be uninsured than women; just over half of uninsured adults were men (56%).
 - Although the Hispanic uninsured rate has declined, dropping from 17% in 2000 to 15% in 2004, the Hispanic population remained disproportionately represented among the uninsured. Statewide about 8% of the population is Hispanic, but 16% of the uninsured are Hispanic.
 - In 2004 significant variation by geographic location was found in uninsured rates. Residents living in the Northeast and Southeast regions of the state were significantly more likely to be uninsured in 2004 than they were in 2002. Uninsured rates for the Metropolitan Boston region declined marginally while uninsured rates for the West and Worcester regions remained stable.

Endnote for the Executive Summary

¹ Data are based on respondents' answers; no imputations are made for missing values.

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Health Insurance Status of Massachusetts Residents, Fourth Edition

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Introduction

This report presents findings from the latest in a series of health insurance coverage surveys conducted under the auspices of the Massachusetts Division of Health Care Finance and Policy to monitor the insurance status of Massachusetts residents. At the time of the 2004 survey, 7.4% of Massachusetts' residents, approximately 460,000 individuals, were uninsured. While the uninsured rate has increased since 2002, when 6.7% (or 418,000 people) were uninsured, it was still lower than the uninsured rate in 1998. Although the increase in the overall uninsured rate was evident across many demographic characteristics, such as age and gender, the likelihood of being uninsured among specific sub-populations tended to shift.

Males, young adults, people of color, unemployed persons, lower-income individuals, and never-married individuals continued to be more likely to be uninsured. However, proportions of uninsured within the following sub-populations grew at a faster rate: individuals ages 45 to 64, married individuals, and individuals living in the Southeast and Northeast regions of Massachusetts. The 2004 survey data responses also showed that 10% of uninsured adults¹ speak Spanish at home compared to less than 3% of insured adults, and about 18% of uninsured adults were born outside of the

United States compared to 12% of insured adults.

Employment characteristics of the uninsured also changed from previous surveys. While the majority of the uninsured continued to be employed, significantly less were working in 2004 than were working in 2002 (68% versus 73%). Working uninsured adults were also less likely than working insured adults to be eligible for employer-offered health insurance coverage. One reason for this may be that significantly more working uninsured adults were self-employed (23%) than were working insured adults (8%). Also, working uninsured adults were nearly three times more likely than working insured adults to be employed in small firms² where health insurance benefits are less likely to be offered.

While more than half of working insured adults worked for the same employer for more than five years (54%), only 30% of working uninsured adults reported working for the same employer for more than five years. In addition, many more working insured adults worked 35 hours or more a week (89%) than did working uninsured adults (68%).

Massachusetts uninsured adults were nearly three times more likely than insured adults to have less than a high school education. They were also more likely to have never married than insured adults.

About two-thirds of uninsured adults reported that they were willing to pay some amount for health care. In addition, they reported being willing to pay more for health care than in 2002. Nearly half (45%) of uninsured adults were willing to pay between \$100 and \$299 per month.

As with previous survey results, there continued to be distinct differences in uti-

lization of health care services by health insurance status. In 2004 uninsured adults were much less likely to have visited a physician than were insured adults; nearly half of uninsured adults did not see a doctor compared to 13% of insured adults. This same variation by health insurance status was also true for children. One-third of uninsured children did not visit a doctor's

office, compared to 9% of insured children. There was very little difference between the uninsured and the insured with respect to reported emergency department visits. The majority of both adults and children in Massachusetts did not visit an emergency room (ER) in 2004. However, while most insured adults (82%) visited a dentist, only 41% of uninsured adults saw a dentist in 2004.

Study Findings

insurance company or agent, or some other method remained relatively unchanged.

Demographic Profiles

Age, Gender and Marital Status

Massachusetts adults were significantly more likely to be uninsured in 2004 than in 2002. Just over 38% of the uninsured fell between the ages of 25 and 44. One-quarter of young adults ages 19 to 24 were uninsured in 2004, a significant increase over 2002. Adults ages 45 to 64 were also significantly more likely to be uninsured in 2004 than in 2002 (7.9% versus 6.3%). However, the rate of uninsured children remained stable at about 3% (see Table 1 and Figures 1 and 2).

Source of Insurance

In 2004 the majority of Massachusetts residents continued to receive health insurance through an employer sponsored plan.³ while Medicaid remained the second largest source of insurance. Also, the proportion of insured covered through Medicare, schools and college plans, direct purchases from an

Table 1: Percent of Uninsured within Age Group

	All Ages	Ages 0 to 64	Ages 19 to 64	Ages 0 to 19
1998	7.7%	8.5%	10.4%	4.5%
2000	5.9%	6.5%	8.0%	3.0%
2002	6.7%	7.4%	9.2%	3.2%
2004	7.4%*	8.3%*	10.6%*	3.2%

*Statistically significant change from prior survey at 95% confidence.

Figure 1: Percent of Non-Elderly Uninsured within Age Group

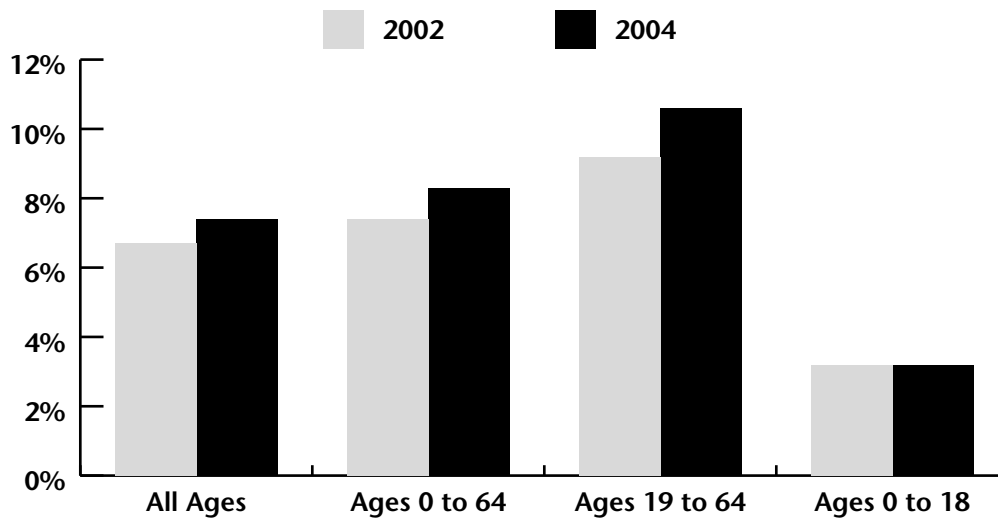
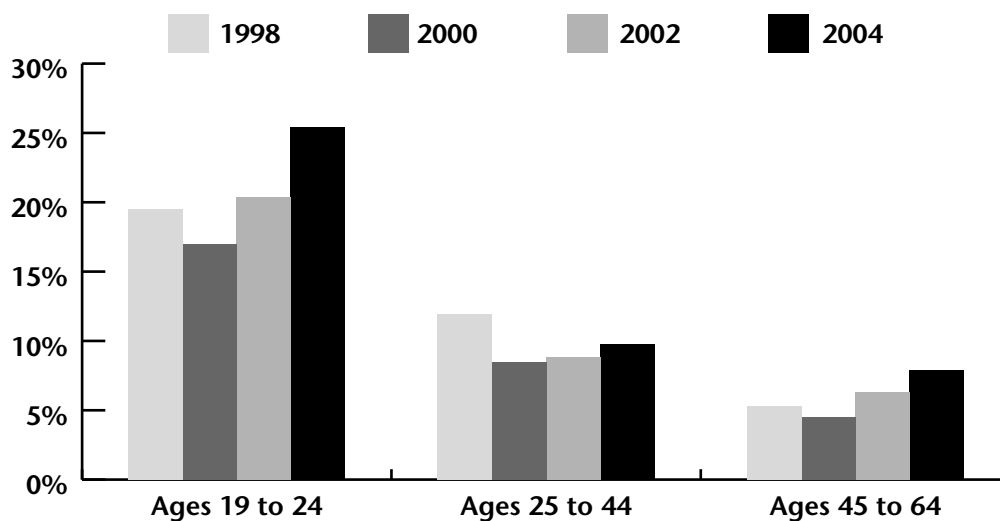


Figure 2: Percent of Non-Elderly Uninsured Adults within Age Group



In 2004 men were more likely to be uninsured than women, 56% compared to 44%, but uninsured rates have increased among both men and women since 2000 (see Figure 3). Changes in uninsured rates by gender vary by age group. Although there were more uninsured men ages 19 to 24 in 2004 than in 2002, the proportion of uninsured men ages 45 to 64 has steadily increased (see Figure 4). For uninsured women, proportional changes among age groups remained consistent (see Figure 5).

Uninsured adults who were married experienced the largest proportional uninsured growth, increasing from 27% in 2002 to 34% in 2004 (see Figure 6). With respect to marital status, all uninsured adults experienced higher uninsured proportions. However, unmarried uninsured adults were the most likely group within a marital status to be uninsured, with an uninsured rate

increase to 20% in 2004 from 17% in 2002 (see Figure 7).

Race/Ethnicity

In 2004 most (68.5%) of the Massachusetts uninsured were white, yet white residents were less likely to be uninsured than other racial/ethnic groups.

Blacks, Hispanics, and other multiple racial/ethnic groups were more likely to be uninsured than white residents. For instance, Hispanic residents comprised 16% of the uninsured population but just 7% of the insured population in 2004. Uninsured rates for many of the racial/ethnic groups increased in 2004.⁴

Uninsured residents of other or multiple race/ethnicities experienced the largest increase in uninsured rates, 11.6% in 2004 versus 8.8% in 2002 (see Table 2 and Figure 8).

Figure 3: Percent of Non-Elderly Uninsured within Gender

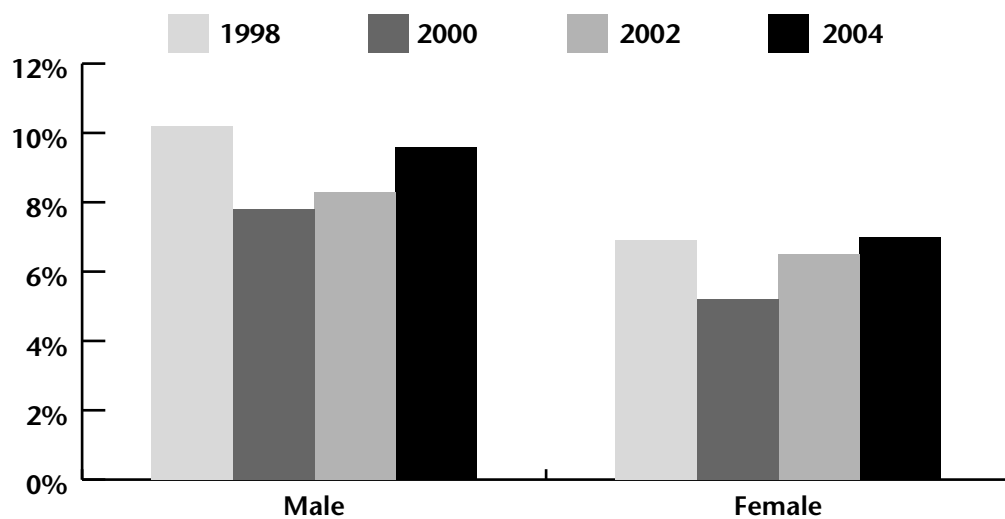


Figure 4: Percent of Uninsured Men by Age Group

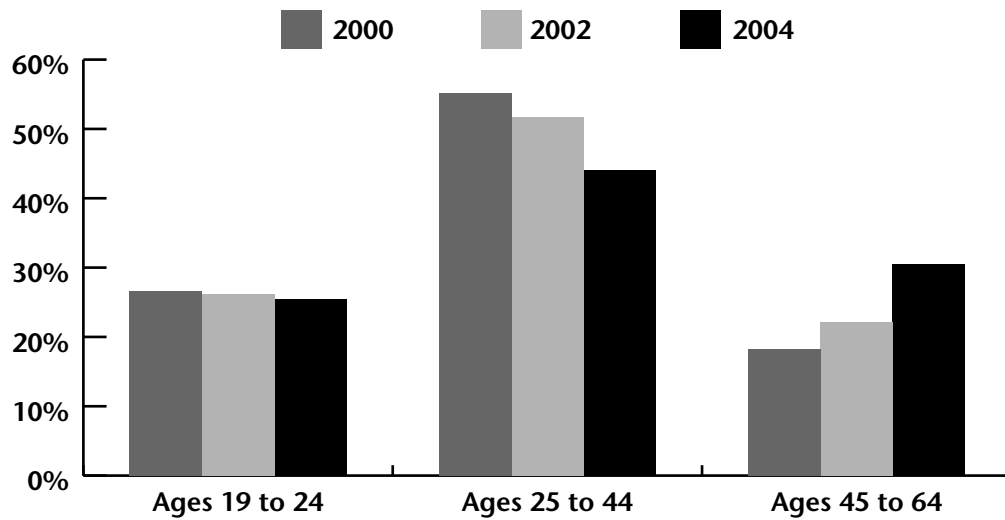


Figure 5: Percent of Uninsured Women by Age Group

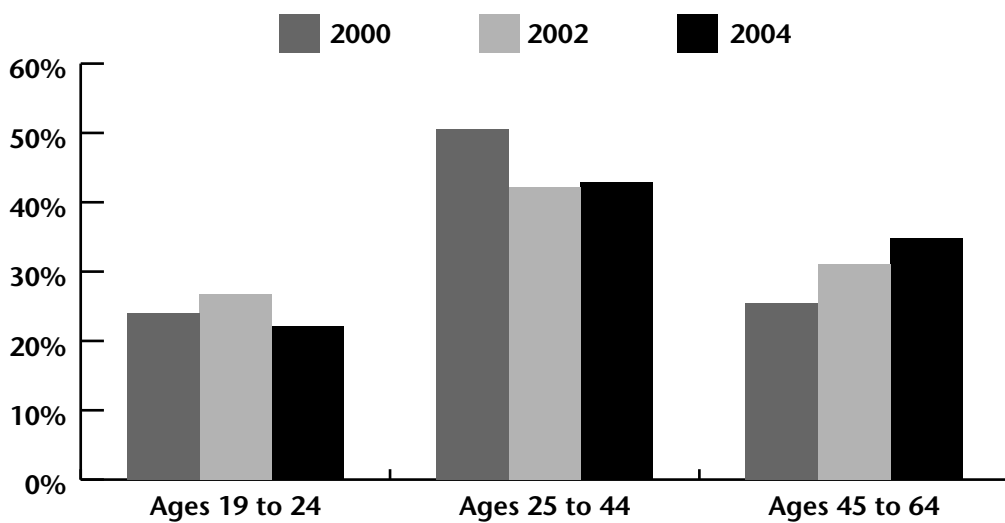
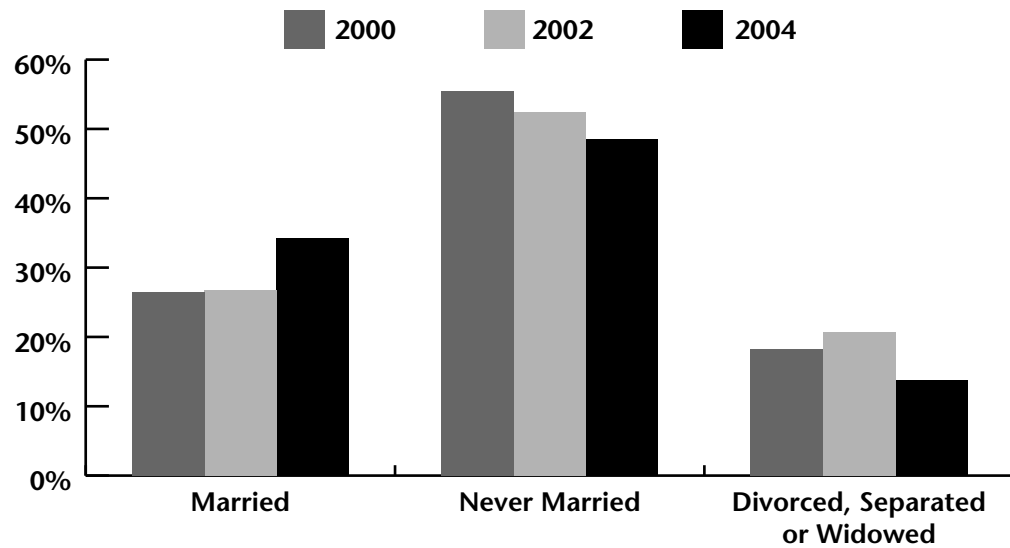


Figure 6: Percent of Uninsured Adults* by Marital Status

*Adults are individuals ages 19 to 64 unless otherwise noted.

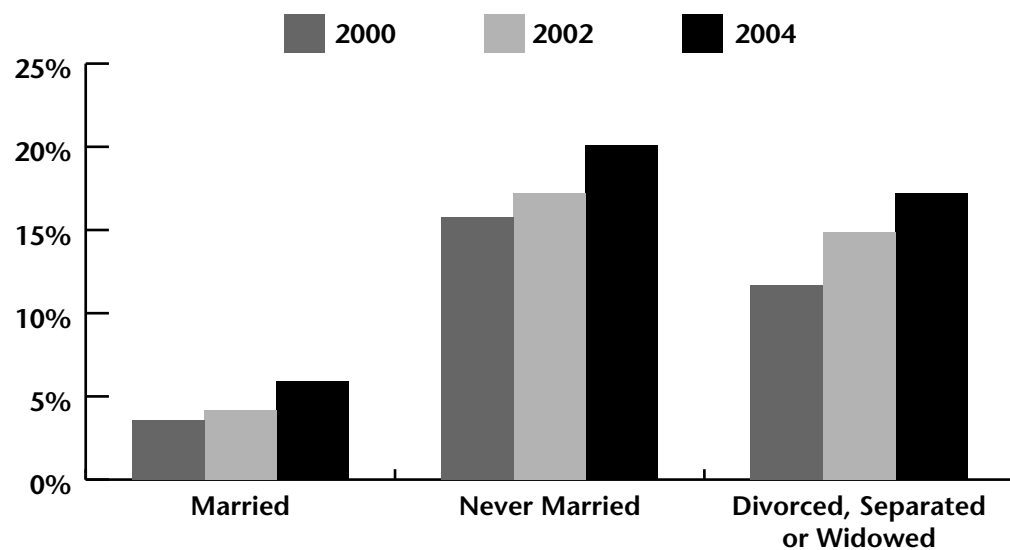
Figure 7: Percent of Uninsured Adults within Marital Status

Figure 8: Percent of Non-Elderly Uninsured within Race/Ethnicity

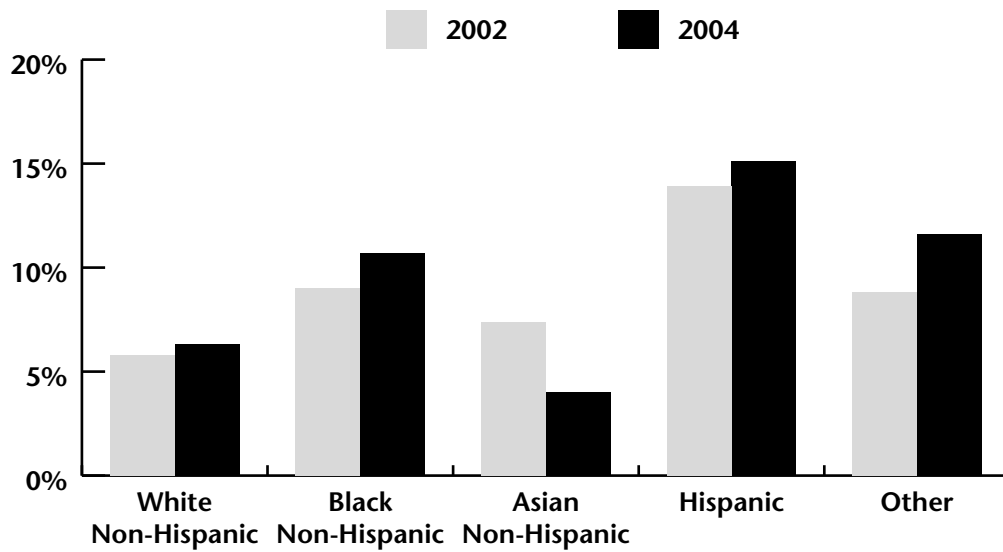


Table 2: Percent of Non-Elderly Uninsured within Race/Ethnicity

	White Non-Hispanic	Black Non-Hispanic	Asian* Non-Hispanic	Hispanic	Other
1998	6.9%	15.5%	8.6%	19.0%	12.4%
2000	4.9%	10.9%	2.3%	17.0%	8.1%
2002	5.8%	9.0%	7.4%	13.9%	8.8%
2004	6.3%	10.7%	4.0%	15.1%	11.6%

*Small sample sizes in prior years may explain most of the variation in uninsured rates for Asians.

Income

In 2004 just over half (56%) of the uninsured lived in households earning more than 200% of the FPL (\$18,700 or more for an individual). However, residents living in lower-income households (earning 200% or less of the FPL) are nearly three times as likely to be uninsured as those living in moderate or high-income households. In addition, residents of these lower-income households were also more likely to be uninsured in 2004 than in 2002 (see Figure 9).

Region

The geographic distribution of the uninsured population changed significantly in 2004 compared to 2002. Although 40% of the uninsured lived in the Metro Boston region in 2002, that proportion dropped to 34% in 2004. Both the Northeast and the

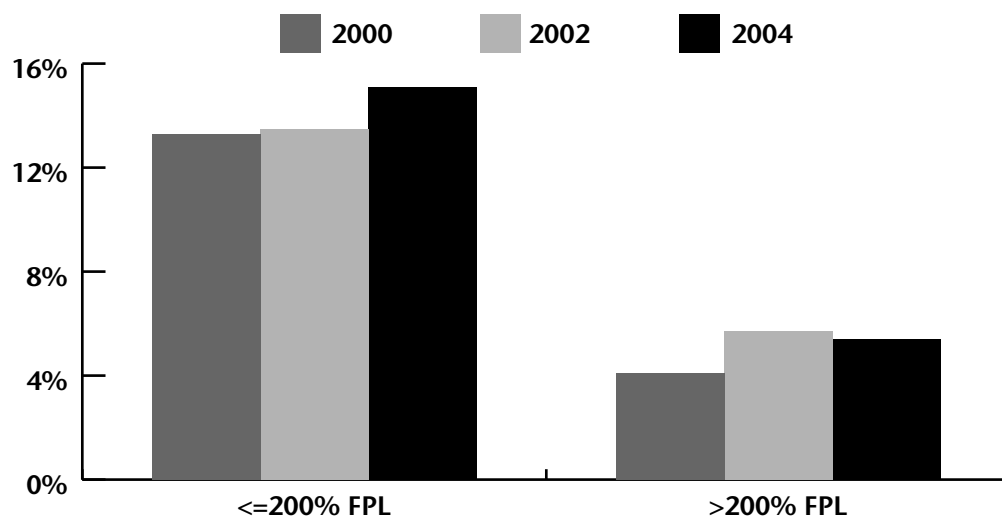
Southeast regions of the state saw significant increases in their uninsured rates. In the Northeast region the uninsured rate increased to 9.7% in 2004 from 6.4% in 2002, and in the Southeast region the uninsured rate increased to 8.9% from 6.8%. The uninsured rates in the West and Worcester regions remained stable (see Figure 10).

Working Uninsured

In 2004 there was a significant decrease in the percent of uninsured adults who reported working. Although 73% of the uninsured ages 19 to 64 were employed in 2002, this proportion dropped to 68% in 2004. During the same time period, the percent of working insured adults remained stable at 79% (see Figure 11).

Self-employment continued to be a fairly large source of labor for the working uninsured. The working uninsured contin-

Figure 9: Percent of Non-Elderly Uninsured within Income



Note: In 2002 the income questions were revised. This may have affected 2002 responses on income.

Figure 10: Percent of Non-Elderly Uninsured within Geographic Region

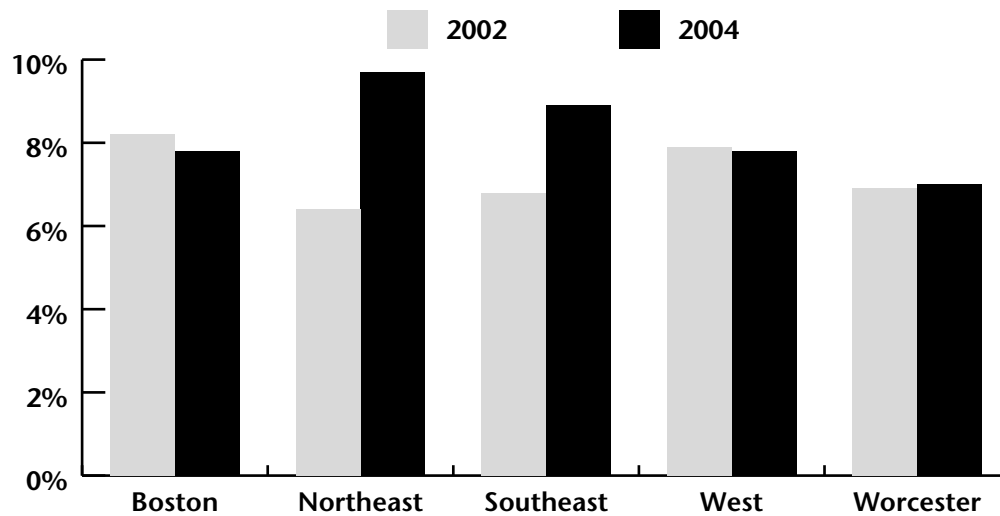
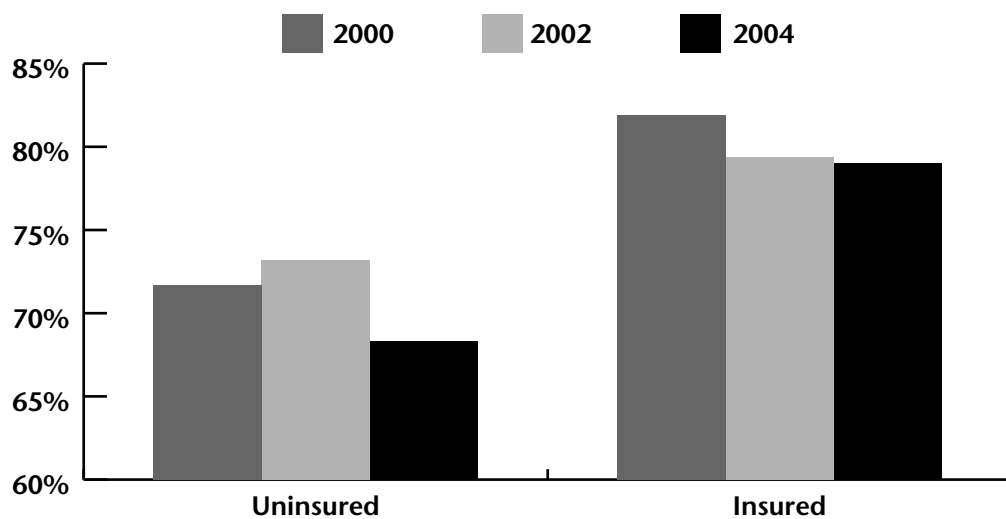


Figure 11: Percent of Working Adults by Insurance Status



ued to be significantly more likely to be self-employed than the working insured. Most working adults continued to work solely for an employer, with 71% of the working uninsured and 86% of the working insured working solely for an employer (see Table 3).

The proportion of working uninsured employed at small firms (fewer than 50 employees) remained stable in 2004 compared to 2002. Nearly 60% of working uninsured adults were employed by small firms. However, since there were significantly more uninsured adults in 2004 than in 2002, more uninsured adults were employed at small firms. This is significant because small firms are less likely to offer health insurance, and when it is offered, the cost to the employee may be quite high (see Figure 12).

About half of working uninsured adults reported that their employer did not

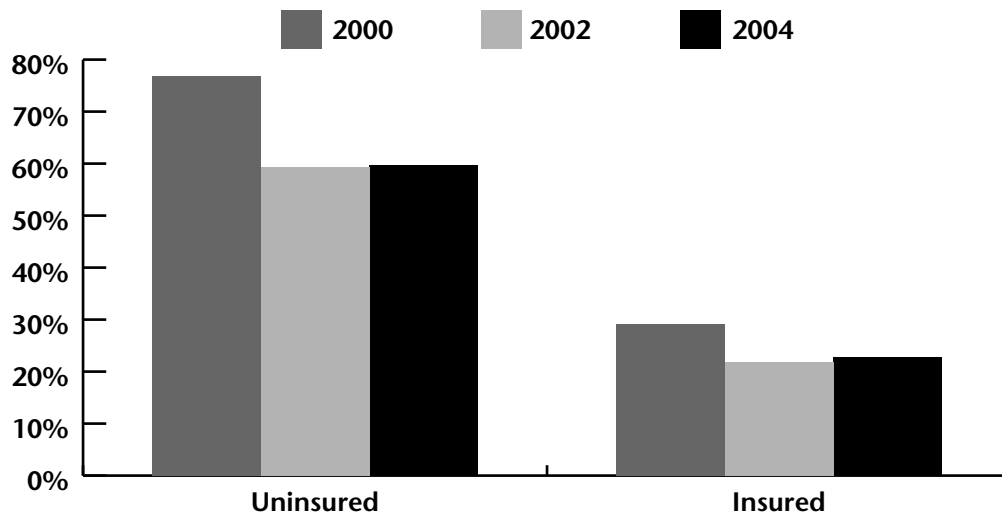
offer health insurance coverage. Just over half (55%) of working uninsured adults who reported that their employer offered health insurance coverage reported they could not be covered by that health insurance. Cost was the most common reason for opting not to take employer-offered coverage with 82% reporting it was too expensive in 2004 compared to 57% in 2002. Respondents also felt that the benefits offered were not sufficient. Thirty-nine percent reported this reason for not taking employer-offered coverage in 2004, compared to 28% in 2002 (see Figure 13).

There is also much variation by insurance status in duration of employment. More than two times as many uninsured workers as insured workers worked for the same employer for less than one year. However, in 2004 there was also some shifting; fewer working uninsured worked for their

Table 3: Percent of Working Non-Elderly Adults by Insurance Status and Type of Employment

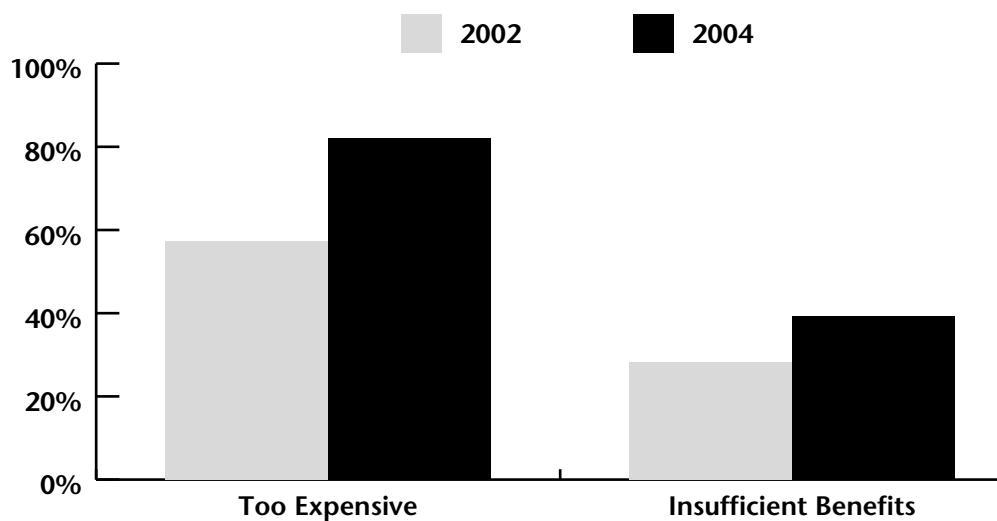
	Uninsured			Insured		
	Employer	Self-Employed	Both	Employer	Self-Employed	Both
2000	60.3%	29.4%	10.3%	87.4%	7.0%	5.5%
2002	72.2%	23.8%	4.0%	87.0%	7.8%	5.2%
2004	71.1%	22.9%	6.0%	86.4%	8.4%	5.2%

Figure 12: Percent of Adults Working at Small Firms* by Insurance Status



*Small firms have fewer than 50 employees.

Figure 13: Top Two Reasons* Why Working Uninsured Adults Did Not Take Coverage when Their Employer Offered It



*Reasons are not mutually exclusive.

employer for less than one year, decreasing to 33% from 42% in 2002. This also means that more uninsured workers worked for the same employer for more than one year in 2004 than in 2002. Still, the majority of working insured adults continued to work at the same place of employment for five or more years (54%), as opposed to working uninsured adults, 27% of whom worked five or more years for their employer (see Figure 14).

There was also significant variation by insurance status in the number of hours worked. In 2004 uninsured working adults were much more likely to work part-time (32%) than insured working adults (11%); this was also true in 2002 (see Figure 15).

Length of Time Uninsured

Based on adults who reported that they were uninsured at the time of the survey,

most uninsured adults had been uninsured for a long time. Nearly two-thirds (63%) of uninsured adults were without health insurance for more than one year, 22% were without coverage for six months or less and 15% were without coverage for seven to twelve months.

Knowledge of Health Plans

There has been little change in uninsured adults' awareness of public health care programs since 2002. Both MassHealth and Free Care (the Uncompensated Care Pool) recognition increased slightly in 2004 (83.5% and 53.6% respectively).

Willingness to Pay for Health Care

Three-quarters of uninsured adults reported that they were willing to pay some amount for health care coverage in both 2004 and 2002. Just over half of the

Figure 14: Percent of Working Adults by Insurance Status and Length of Employment

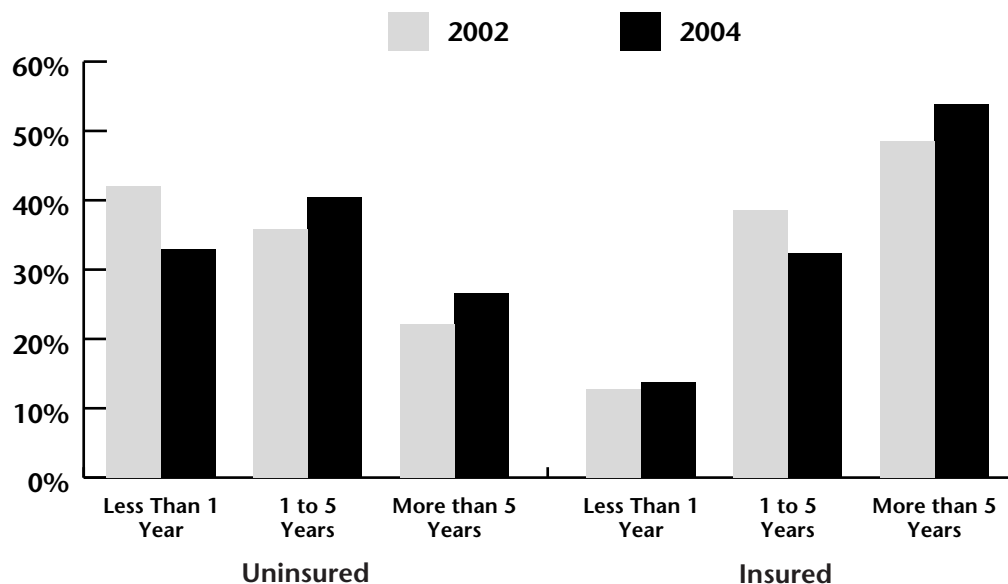
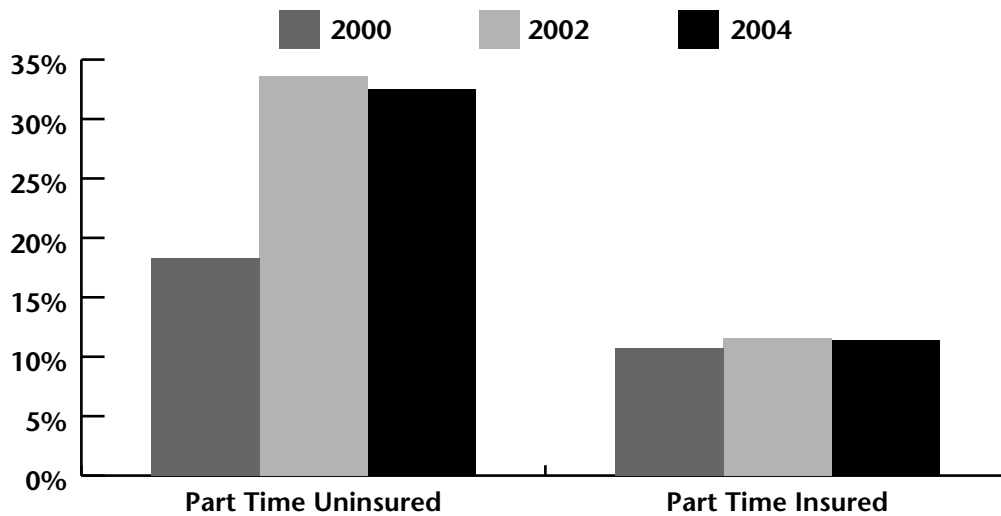


Figure 15: Percent of Part Time* Working Adults by Insurance Status



*Part time employment is fewer than 35 hours per week.

Table 4: Percent of Uninsured Adults by Income and Amount They Are Willing to Pay per Month for Coverage

	Low-Income*		High-Income	
	\$1 to \$99	\$100+	\$1 to \$99	\$100+
2000	75.9%	24.1%	50.1%	49.9%
2002	63.5%	36.5%	45.1%	54.9%
2004	55.7%	44.4%	44.2%	55.8%

*Low-income households reported income at or below 200% FPL.

Note: In 2002 the income questions were revised. This may have affected 2002 responses on income.

uninsured adults in 2004 who reported that they were willing to pay would be willing to pay \$100 or more a month for health care coverage.

When looking at those willing to pay by household income, the data illustrates a shift among uninsured adults. Uninsured adults residing in low-income households reported that they were willing to pay more for health care coverage, with 44% willing to pay \$100 or more a month in 2004 compared to 36% in 2002. More than half (56%) of higher-income households reported that they were willing to pay \$100 or more a month for health care coverage (see Table 4).

Access to Care

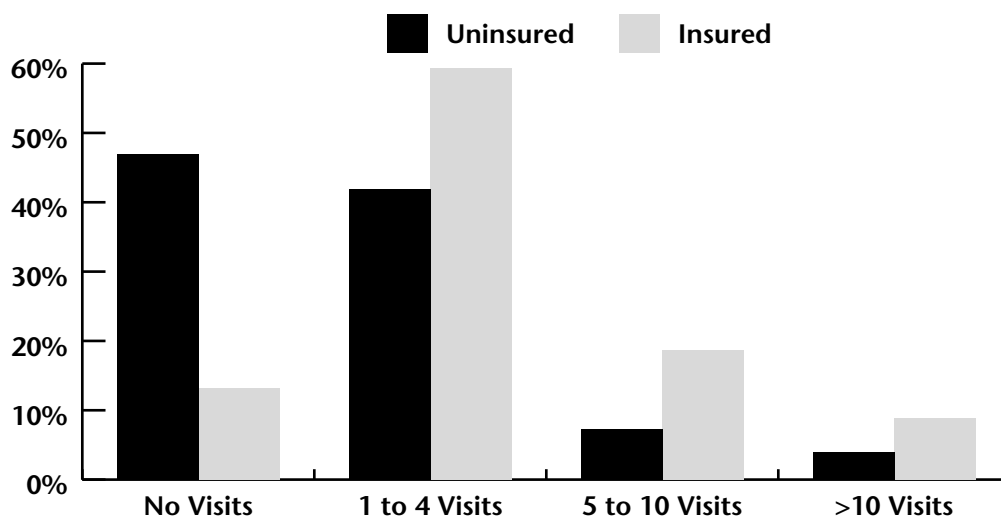
Nearly three-quarters (74%) of insured adults reported that they needed some kind of health care in 2004 compared to 61% of

uninsured adults. Nearly all (94%) of the insured adults who needed care reported that they received it, compared to 56% of uninsured adults.

Utilization of Services: Adults

Significant variations by insurance status were found with respect to utilization of health care services. Uninsured adults were much less likely to have visited a physician office than insured adults. About 47% of uninsured adults did not visit a physician in 2004, compared to only 13% of insured adults. The percent of uninsured adults who reported between one and four visits to a physician in the last year increased to 42% in 2004 from 36% in 2002. In addition, insured adults reported making many more visits to a physician's office than uninsured adults. In 2004 nearly 19% of insured adults visited a physician's office five to ten times,

Figure 16: Percent of Adults by Insurance Status and Number of Physician Office Visits



compared to 7% of uninsured adults (see Figure 16).

The majority of both uninsured and insured adults continued to report no visits to the ER in 2004. However, more uninsured adults visited the ER in 2004 than in 2002. The percent of uninsured adults reporting no visits to the ER declined to 69% in 2004 from 75% in 2002. In addition, a larger proportion of uninsured adults made more visits to the ER in 2004 than insured adults. Utilization of the ER by insured adults remained stable in 2004 compared to 2002 (see Figure 17).

There was significant variation by insurance status in the percent of adults who made dental visits. Nearly 60% of uninsured adults reported that they had no dental visits in 2004, compared to just 18% of insured adults. Insured adults were twice as likely as uninsured adults to have

had one or more dental visits in 2004 (see Figure 18).

Utilization of Services: Children

The majority of uninsured children in Massachusetts visited a physician within the past year (62%). However, uninsured children were less likely to have visited a physician than were insured children, 62% compared to 91% respectively (see Figure 19).

The majority of both uninsured and insured children did not visit an ER in the past year. Uninsured children were slightly less likely than insured children to have visited an ER; 77% of uninsured children made no visits to an ER compared to 71% of insured children. In 2004 insured children were more likely than uninsured children to have visited an ER one or more times (see Figure 20).

Figure 17: Percent of Adults by Insurance Status and Number of Emergency Room Visits, 2004

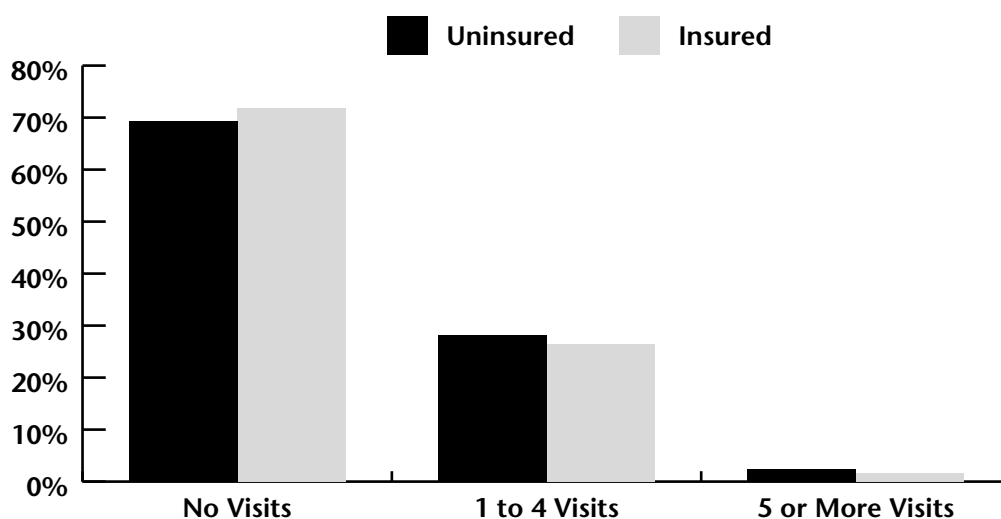


Figure 18: Percent of Adults by Insurance Status and Number of Dental Office Visits, 2004

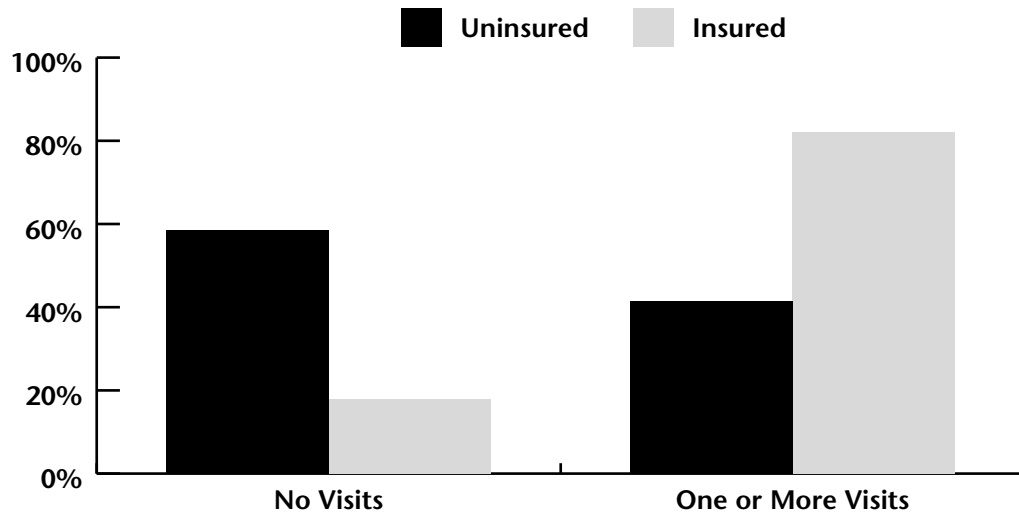


Figure 19: Percent of Children by Insurance Status and Number of Physician Office Visits, 2004

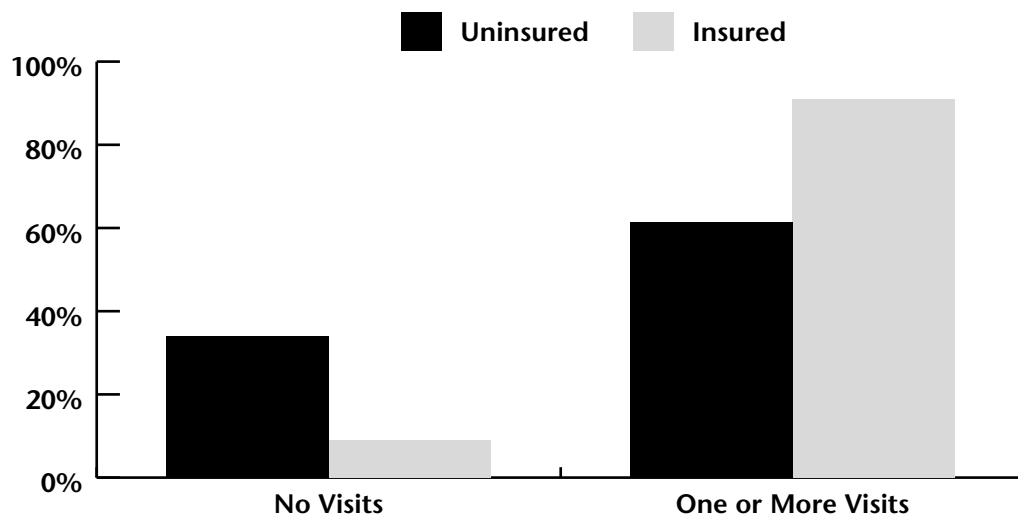


Figure 20: Percent of Children by Insurance Status and Emergency Room Visits, 2004

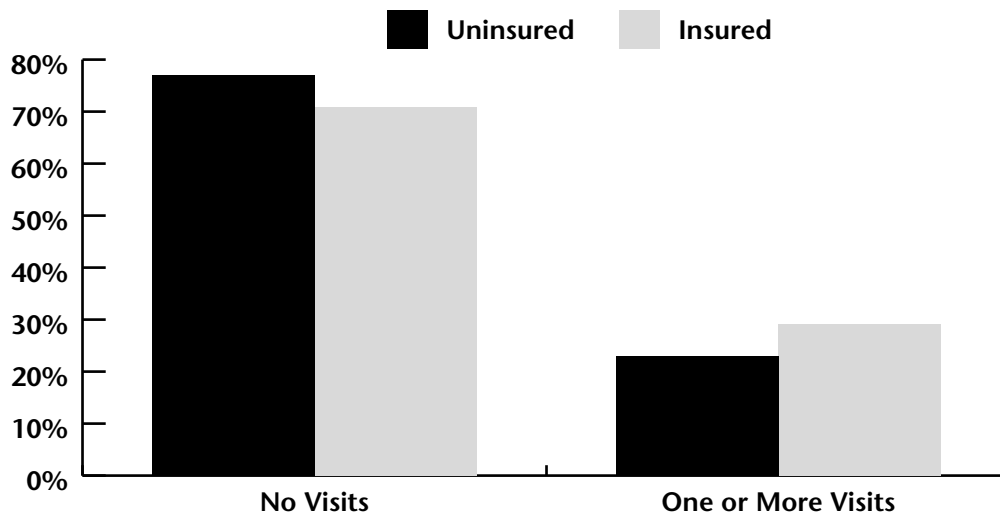
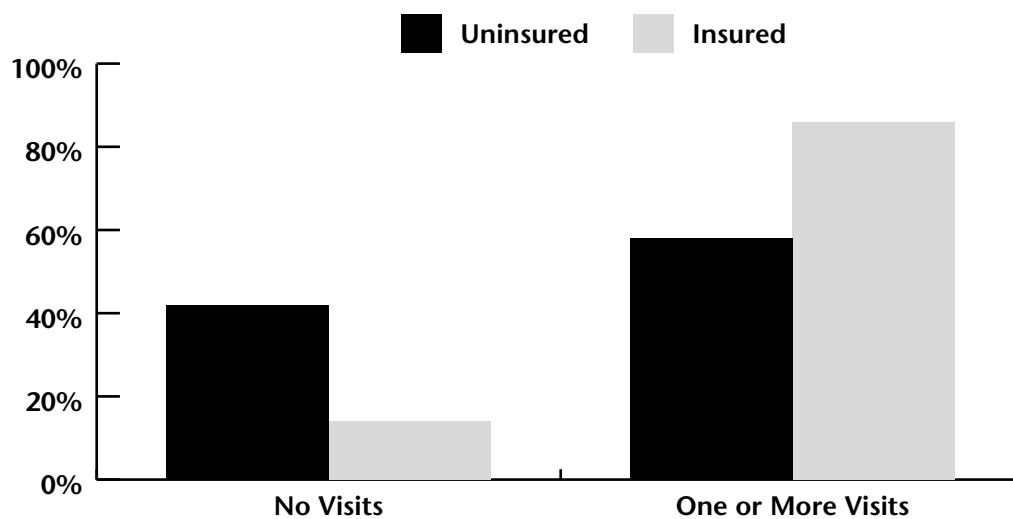


Figure 21: Percent of Children by Insurance Status and Dental Office Visits, 2004



Similar to uninsured adults, uninsured children were significantly less likely to have visited a dentist than insured children. In 2004, 42% of uninsured children had no

dental visits compared to 14% of insured children. The majority of insured children (86%) made one or more visits to the dentist in 2004 (see Figure 21).

Endnotes

¹ Adults are defined as residents ages 19 to 64, unless otherwise indicated.

² Small firms are defined as businesses having 49 or less employees and large firms are defined as businesses having 50 or more employees.

³ Employers providing health insurance coverage include the military (i.e., Champus/Tricare or Veterans Administration), group purchasers (i.e., labor union, professional association), and past employers.

⁴ Small sample sizes in prior years may explain most of the variation in uninsured rates for Asians.

Appendix 1: Methodology

The Survey of Health Insurance Status of Massachusetts Residents is the only state-specific survey designed expressly to provide reliable estimates of the number of uninsured residents in Massachusetts. This survey provides statistically reliable estimates of uninsured rates on a statewide basis, as well as for five regions of the state. The survey design also allows for comparison of the data among the four years surveyed: 1998, 2000, 2002, and 2004.

As with prior years, the 2004 survey was developed through a collaborative effort between the Division of Health Care Finance and Policy (DHCFP) and the Center for Survey Research (CSR) at the University of Massachusetts at Boston. The methodology used for the 2004 survey was similar to that used in the previous surveys. The same basic survey questionnaire was used with some modifications. A few questions were refined, added, or deleted based on feedback received from prior surveys and public policy needs. In 2004 there were two major methodological differences from the prior years' surveys.

First, surveys after 1998 used only "random digit dial" (RDD) telephone interviews where the sample was drawn from telephone listings. The 1998 survey also included an "area probability sample" (APS) or field survey. This field survey was based

on a sample drawn from randomly selected addresses and included face-to-face interviews with households that were difficult or impossible to reach via telephone. An analysis of the results obtained from the two methodologies in 1998 (RDD and APS) showed no statistically significant differences in the estimate of the state percent of uninsured or other factors. Since the results were similar and it is quite expensive to conduct a survey using the APS methodology, subsequent surveys were conducted using the RDD methodology exclusively.

Second, the 2000 and 2002 surveys included a survey of additional households in five urban areas in order to develop valid estimates of the percent uninsured and identify characteristics of the uninsured in these urban areas. The five urban areas were: Boston, Springfield, Worcester, Lowell/Lawrence and New Bedford/Fall River.

The 2004 survey did not include an additional survey of urban areas. However, the sample size was increased to 4,725 households, nearly 12,000 individuals. This was a significant increase over the 2,625 households interviewed in the previous surveys. The data were collected from February 2004 through the first week of August 2004. The overall response rate was 60.4%, comparable to the previous three surveys. Interviews were conducted using computer-assisted telephone interviewing (CATI) technology. The survey design was a simple stratified sample by five regional areas in the state.

There were two major survey question changes. One change was adding a question to clarify the insured's source of insurance. The second change was modifying the questionnaire to clarify estimates of household income.

The survey was designed to provide information on both the uninsured and insured populations in Massachusetts. The questionnaire is divided into four parts: the screener section asks for basic information on all household members, including whether or not each household member has health insurance coverage; the insured section asks detailed questions of the insured; the uninsured section asks detailed questions of the uninsured; and a special section, pertaining primarily to pharmacy coverage, asks some specific questions of the population ages 65 or older. All households surveyed respond to the screener section and

then continue to one or more other sections as applicable. The questionnaire was available in both English and Spanish.

Survey question responses were weighted in order to produce accurate population estimates. The weights adjust for design features of the sample. Some of these design features include: the sampling methodology, if the unit of interest is individual level or household level, and non-response.

For further information on the survey methodology please see the *Survey of Insurance Status 2004 Methodological Report* available on the DHCFP web site at www.mass.gov/dhcfp.

Appendix 2:

Regional Breakouts

Massachusetts is divided into five regions with the same number of households interviewed in each of these regions. The five regions are primarily drawn by county boundaries with the exception of Middlesex County. Middlesex was divided into two regions with some assigned to the metropolitan Boston region and the rest assigned to the Northeast region. Here is how the state was divided:

MetroBoston: Norfolk, Suffolk, and Southern Middlesex Counties

Worcester: Worcester County

Northeast: Essex and Northern Middlesex Counties

Southeast: Plymouth, Bristol, Dukes, Barnstable and Nantucket Counties

West: Berkshire, Hampden, Hampshire, and Franklin Counties

The following Middlesex county towns were joined with Essex county to form the Northeast region. All other Middlesex county towns were assigned to the MetroBoston region.

Ashby	North Reading
Ayer	Pinehurst
Groton	Reading
Pepperell	Tewksbury
Shirley	Tyngsboro
Townsend	Wakefield
Billerica	Westford
Chelmsford	Medford
Dracut	Melrose
Dunstable	Stoneham
Lowell	Wilmington

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